

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

1. County of Maricopa
District of _____
Town of Miami
or _____
City of _____

State Index No. 185
County Registrar No. 780
Local Registrar No. _____

2. Full name of child Sofia Sandoval
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

3. Sex of Child Female
To be answered ONLY in event of plural births.

4. Twin, triplet or other _____
5. No., in order of birth 3

6. Legitimate yes

7. Date of birth Sept. 30, 1924
Month Sept. day 30 year 1924

8. FATHER
Full name Siraco Sandoval
9. Residence (Usual place of abode) Miami
If nonresident, give place and state Ariz.
10. Color or race Mex.
11. Age at last birthday 33 (Years)

14. MOTHER
Full maiden name Ignacia Pentaria
15. Residence (Usual place of abode) Miami
If nonresident, give place and state Ariz.
16. Color or race Mex.
17. Age at last birthday 28 (Years)

12. Birthplace (city or place) Zacatecas
(State or country) Mex.
13. Occupation
Nature of industry Laborer

18. Birthplace (city or place) Zacatecas
(State or country) Mex.
19. Occupation
Nature of industry Housewife

20. Number of children of this mother
(Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 2
(b) Born alive but now dead 1
(c) Stillborn _____

21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
I hereby certify that I attended the birth of this child, who was born at 12 P. m. on the date above stated.
(Born alive or stillborn.)

Signature Byril M. Brown M.D.
(Physician or midwife)
Address Miami, Arizona
Given name added from a supplemental report _____
Month, day, year. _____

Filed Oct 31 1924 Local Registrar.
Filed 11-5 1924 County Registrar.

Registrar. _____

223-930-991